



# Lifeline, Link-Up & TAP Programs Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any support documentation received will not be kept, shared, or stored. Link-Up is only available for tribal lands, and TAP is only available to Minnesota residents.

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check One:    ☐ Permanent Residential Address    ☐ Temporary Residential Address (must verify every 90 days)

Billing Address: (if different than residential address above)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your telephone number:

Telephone number where you can be reached if not the same:

( ) - \_\_\_\_\_ Area code & 7-digit number    ( ) - \_\_\_\_\_ Area code & 7-digit number

No. of people living in your household \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

## 1. I receive benefits from the following program(s):

Check and attach documentation for all that apply)

- ☐ Medicaid/Medical Assistance
- ☐ Federal Public Housing Assistance or Section 8 Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ National School Free Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Tribally Administered Temporary Assistance for Needy Families (TANF)
- ☐ Food Support (food stamps)
- ☐ Minnesota Family Investment Program (MFIP)
- ☐ Low-Income Home Energy Assistance (LIHEAP)
- ☐ Tribally Administered Head Start (for those meeting income qualifying standard)

## 2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline:    ☐ Yes    ☐ No

Please attach one of the documents below if you did not check any boxes in #1.

Last year's State, Federal, or Tribal Tax Return

3 consecutive months of most recent paycheck stub

Social Security Benefits Statement

Veteran's Administration Benefits Statement

Retirement/Pension Benefits Statement

Unemployment/Workmen's Compensation Statement

Divorce Decree

Child Support Document

Other

## 3. I or someone in my household receive Lifeline credits from another source (i.e. cellular phone service).    ☐ Yes    ☐ No

## 4. I live on tribal lands and am applying for a reduction of connection charges from Link-Up.    ☐ Yes    ☐ No

(continued on page 2)

**By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:**

- ♦ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ♦ I understand that I must be a part of the household in which Lifeline-supported service is provided.
- ♦ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ♦ I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ♦ I agree to provide documentation of my eligibility, when required to do so.
- ♦ By participating in this government program, I agree to provide my personal information to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- ♦ I understand that I must be a part of the household in which Lifeline supported service is provided
- ♦ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- ♦ I understand that I may not transfer my service to any other individual.
- ♦ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ♦ I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- ♦ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ♦ I understand completion of this certification form does not constitute immediate acceptance into this program.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

\_\_\_\_\_  
**Print "Authorized Representative" Name**                      **Daytime Phone Number**                      **Date**

**Mail this form and required documents to:** Ace Communications Group, 207 East Cedar, PO Box 360, Houston, MN 55943-0360

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

**Note:** Any support documentation received with this certification form **will not** be kept or stored by this local telecommunications provider.

**SERVICE PROVIDER USE ONLY**

Telephone Number Associated with Lifeline service: \_\_\_\_\_

Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_

Type of Documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits Card ☐ Income Statement ☐ Other

Identifying Information of Document Submitted: \_\_\_\_\_

Documentation Expiration Date (if applicable): \_\_\_\_\_

Name on Documentation (if different from name of applicant): \_\_\_\_\_

Method Documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Eligibility Documentation destroyed by: \_\_\_\_\_ Date destroyed: \_\_\_\_\_



LOCAL EXCHANGE SERVICE

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN

1. Definitions

Lifeline is the local service offering that is available to low income consumers, for which such consumers pay reduced charges as a result of the federal support described in 47 CFR § 54.403 and Sections 6 and 7 below, and that includes the services required to be provided for federal universal service support eligibility under 47 CFR. § 54.101. The Telephone Assistance Plan (TAP) provides for additional state credits against the recurring monthly rates for the provision of local residential service for eligible residential subscribers.

2. Eligibility for the Federal Lifeline Credit

a. To qualify for the federal Lifeline credit the customer must be currently eligible for:

- Medical Assistance (MA)
- Food Support (food stamps)
- Supplemental Security Income
- Federal public housing assistance; or
- Low-Income Home Energy Assistance Program

b. Eligibility will be established by the Company obtaining from a customer a document signed by the customer certifying under penalty of perjury that the customer receives benefits from one of the above programs and identifying the program or programs from which the customer receives benefits. On the same document, a qualifying low-income customer must also agree to notify the Company if the customer ceases to participate in the program or programs.

c. When the Company is notified by the customer that the Customer no longer participates in such a program, the federal credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

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Issued By:  
David Freeman  
Chief Operating Officer  
207 East Cedar Street  
Houston, Minnesota

Effective: August 1, 2003  
Authorized:

Dated: July 7, 2003

LOCAL EXCHANGE SERVICE

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

3. Eligibility for the State TAP Credit

a. General

TAP is a state sponsored assistance program under Minnesota Statutes Chapter 237 and is designed to make telephone service accessible to qualifying low-income residential households. Through this program, eligible households will receive a monthly discount on their telephone service.

4. Eligibility Requirements

2.1 This discount applies on a single line at the principal place of residence for the applicant.

2.2 Applicant signs document certifying under penalty of perjury that the customer receives benefits from at least one of the following programs:

- Medical Assistance (MA)
- Food Support (food stamps)
- Minnesota Family Investment Program (MFIP)
- Supplemental Security Income
- Federal Public Housing Assistance
- Low Income Home Energy Assistance Program

Individuals who do not qualify under any of the above but live on a federally recognized reservation may qualify if the applicant signs a document certifying under penalty of perjury that the applicant receives benefits from at least one of the following programs:

- Bureau of Indian Affairs General Assistance
- Tribally administered Temporary Assistance for Needy Families
- Head Start (only for those meeting its income qualifying standard)
- National School Lunch Program's free lunch program

2.3 Applicant agrees to notify the carrier if that customer ceases to participate in any of the above listed federal assistance programs.

5. Certification Revocation

If the Telephone Company discovers that conditions exist that disqualify the recipient of TAP, local service will be billed at full rate. The customer will be billed retroactively to whichever is the most recent of the dates TAP assistance commenced or the recipient no longer qualified for the service not to exceed 12 months.



LOCAL EXCHANGE SERVICE

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LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

6. TAP Eligibility Mirrors the Federal Lifeline Program.

TAP Customers Eligible for Lifeline—These customers are eligible for the federal Lifeline support and a state TAP credit of up to \$3.50. The federal Lifeline credit shall be applied first to reduce the federal End-User Common Line Charge, with any remaining federal credit to be applied to reduce rates for residential service meeting the qualifications of 47 C.F.R., Section 54.101. The state TAP credit shall be applied to further reduce the rates charged for residential GENERAL SERVICES. The state TAP credit cannot exceed one-half the weighted average basic local service rate excluding the federal End-User Common Line Charge.

R

7. Regulations

- a. The federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the federal Lifeline and state TAP credit is received by the company.
- b. A Service Charge shall not be billed to establish qualification for either the federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

8. Funding

The federal Lifeline credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

9. Rates

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The company is responsible for billing, collecting and remitting the surcharge to the appropriate government agency.

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

7. Regulations

- a. The federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the federal Lifeline and state TAP credit is received by the telephone company.
- b. A Service Charge shall not be billed to establish qualification for either the federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

8. Funding

The federal Lifeline credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

9. Rates

MONTHLY RATES

State TAP Surcharge	\$ .05
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The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The company is responsible for billing, collecting and remitting the surcharge to the appropriate government agency.



Study Area Name: Ace Telephone Association

SAC: 361346

State: Minnesota

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
361346	482 Brownsville	17.000			6.500				0.840	0.03	24.370
361346	743 Canton	17.000			6.500				0.840	0.03	24.370
361346	643 Dakota	17.000			6.500				0.840	0.03	24.370
361346	495 Eitzen	17.000			6.500				0.840	0.03	24.370
361346	772 Granger	17.000			6.500				0.840	0.03	24.370
361346	894 Hokah	17.000		8.300	6.500				0.840	0.03	32.670
361346	896 Houston	17.000			6.500				0.840	0.03	24.370
361346	895 LaCrescent	19.000			6.500				0.840	0.03	26.370
361346	467 Lanesboro	17.000			6.500				0.840	0.03	24.370
361346	542 New Albin	17.000			6.500				0.840	0.03	24.370
361346	657 Ostrander	17.000			6.500				0.840	0.03	24.370
361346	875 Peterson	17.000			6.500				0.840	0.03	24.370
361346	864 Rushford	17.000			6.500				0.840	0.03	24.370

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2015, the average urban rate for local service is \$20.46 and two standard deviations above would be \$46.96.

As shown above, the sum of the local rate and state fees is below \$46.96.

Carrier certifies that the sum of its local rate and state fees is below \$46.96.



# **PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED**

(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986
Page 1 of 3		July 2013
<010> Study Area Code	<010> [REDACTED]	
<015> Study Area Name	<015> [REDACTED]	
<020> Program Year	<020> [REDACTED]	
<030> Contact Name - Person USAC should contact regarding this data	<030> [REDACTED]	
<035> Contact Telephone Number - Number of person identified in data line <030>	<035> [REDACTED]	
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039> [REDACTED]	

☐ Filed as reviewed single company
 ☒ Filed as audited single company  
☐ Filed as reviewed consolidated company
 ☐ Filed as audited consolidated company  
☐ Filed as subsidiary of reviewed consolidated company
 ☐ Filed as subsidiary of audited consolidated company

## **CERTIFICATION**

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature	Date
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## **PART A. BALANCE SHEET**

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
<b>NONCURRENT ASSETS</b>			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Recquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			<b>EQUITY</b>		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstanding & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in-Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		



**PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED**

(3005b) Operating Report for Privately-Held Rate of Return Carriers  
Balance Sheet - Data Collection Form  
Page 2 of 3

FCC Form 481  
OMB Control No. 3060-0986  
July 2013

<010> Study Area Code  
<015> Study Area Name  
<020> Program Year  
<030> Contact Name - Person USAC should contact regarding this data  
<035> Contact Telephone Number - Number of person identified in data line <030>  
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 961346  
<015> ACE TELEPHONE ASSOCIATION  
<020> 2015  
<030> CYNTHIA SWEET  
<035> 507 896 6211  
<039> csweet@acecomgroup.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

**PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED**

(3005c) Operating Report for Privately-Held Rate of Return Carriers  
Balance Sheet - Data Collection Form  
Page 3 of 3

FCC Form 481  
OMB Control No. 3060-0986  
July 2013

<010> Study Area Code  
<015> Study Area Name  
<020> Program Year  
<030> Contact Name - Person USAC should contact regarding this data  
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<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 361346  
<015> ACE TELEPHONE ASSOCIATION  
<020> 2015  
<030> CYNTHIA SWEET  
<035> 507 896 6211  
<039> csweet@acecomgroup.com

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-In Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	